

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0138
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440.

For Official Use Only

AUG 25 2005

D

OLMS DROP

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13208</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James P O'Day</u> P.O. Box, Bldg., Room No., if any Street <u>24 Trafalgar Ct.</u> City <u>So Weymouth</u> State <u>Mass</u> ZIP Code + 4 <u>02190</u>	4. Name, file number, and address of labor organization. Name <u>Asbestos Workers Local # 6</u> Labor Organization File Number <u>003-22</u> P.O. Box, Building and Room Number, if any Street <u>303 Fireport St</u> City <u>Boston</u> State <u>Mass</u> ZIP Code + 4 <u>02102</u>
5. Position in labor organization. <u>Bus. Agent - H + W Pension Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

James P O'Day

On

8/12/05

Date

617-436-4666

Telephone Number

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

116 Huntington Ave

City

Boston

State

MA

ZIP Code + 4

02116-5744

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Asbestos Workers Local #6 I.H.W. Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

730 Broadway

City

New York

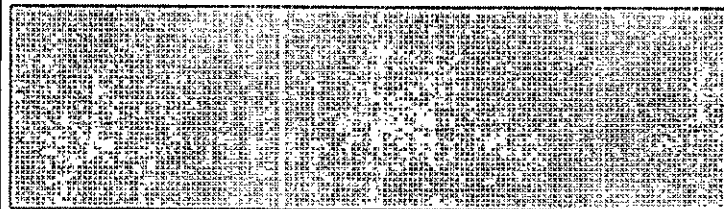
State

New York

ZIP Code + 4

1003-9511

11.a. Nature of such dealing.



11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Dinner 12-13-2004
SPONSORED BY
Segal Co
U.B.S. Prime Asset Consulting
Marco Consulting

12.b. Amount.

\$ 50. —

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

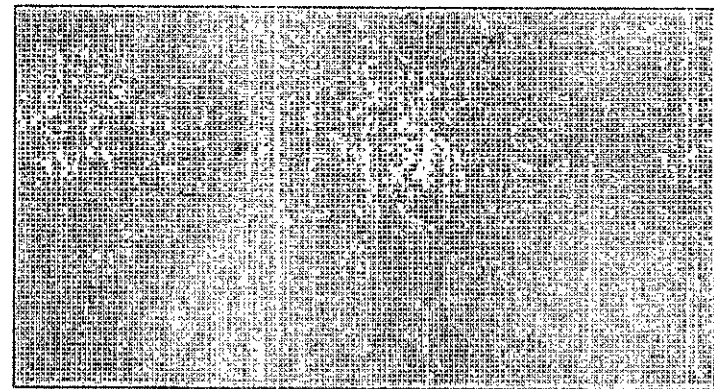
Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UBS Prime Asset Consulting
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street ONE STATE ST Suite 1600
City Hartford
State CT ZIP Code + 4 06103

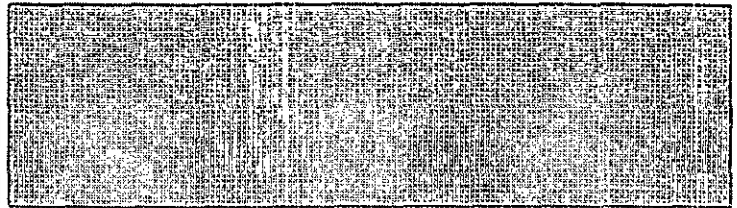
9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos Workers Local 6 Health Pension
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 730 Broadway
City New York, New York
State New York ZIP Code + 4 10003-9511

11.a. Nature of such dealing.



11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Dinner 12-13-2004
Sponsored By
Segal Co
UBS-Prime Asset Consulting
Marco Consulting

12.b. Amount.

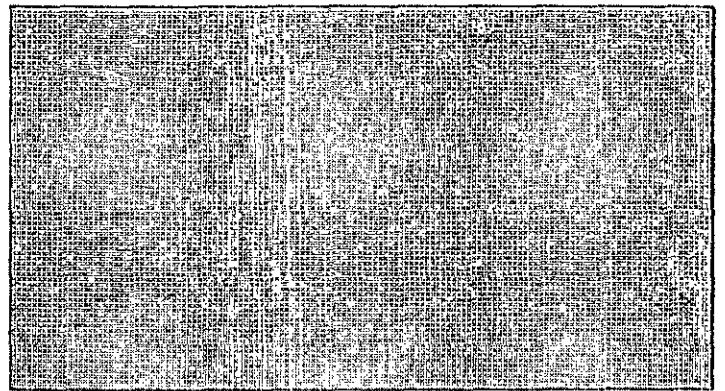
\$33.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MARCO ConsultingTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1220 ADAMS STCity DorchesterState Ma ZIP Code + 4 06124

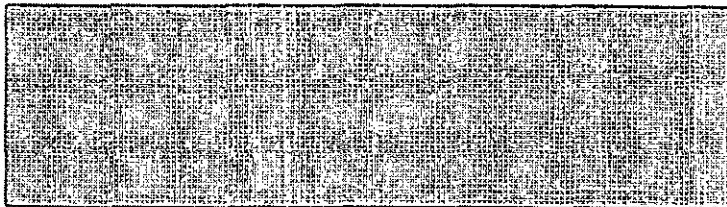
9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos Workers Local Amenity FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 730 BroadwayCity New YorkState New York ZIP Code + 4 10003-9511

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Dinner 12-18-05
Sponsored By
Segal Co
UBS Prime Asset Consulting
Marco Consulting

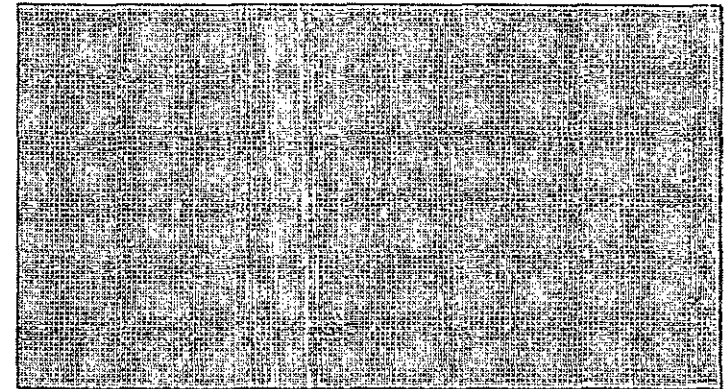
12.b. Amount. \$10.67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Ullrico

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 South Main St Suite 202City MansfieldState Ma ZIP Code + 4 01948

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

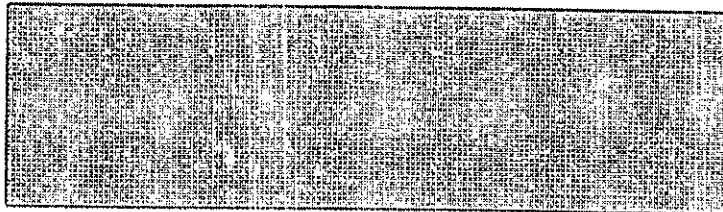
Name Asbestos Workers Local H.W. Fund

Trade Name, if any:

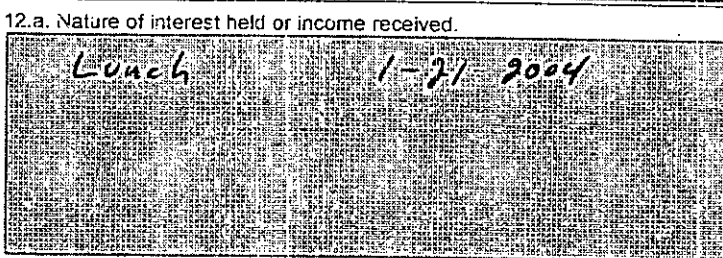
P.O. Box, Bldg., Room No., if any

Street 730 BroadwayCity New YorkState New York ZIP Code + 4 10003-9511

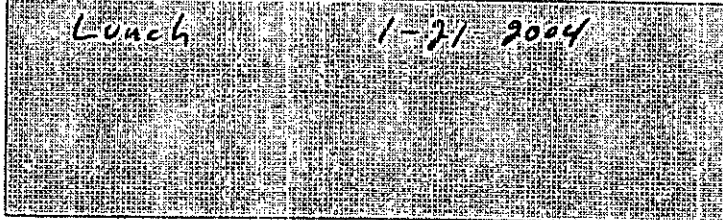
11.a. Nature of such dealing.



11.b. Approximate dollar value of such dealing.



12.a. Nature of interest held or income received.



12.b. Amount.

\$28.53

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

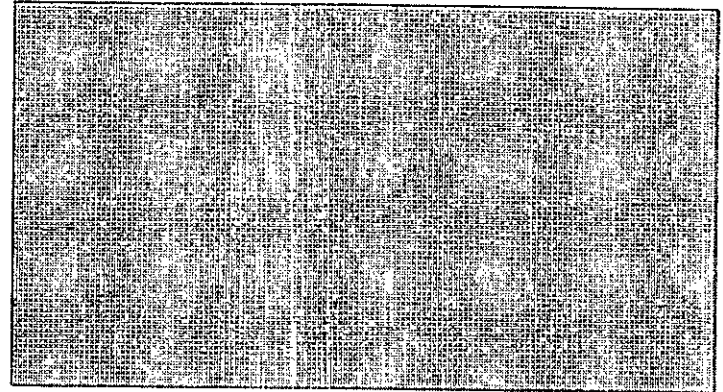
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local 174 FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 770 Broadway 10th FlCity New YorkState New York ZIP Code + 4 10003-9511

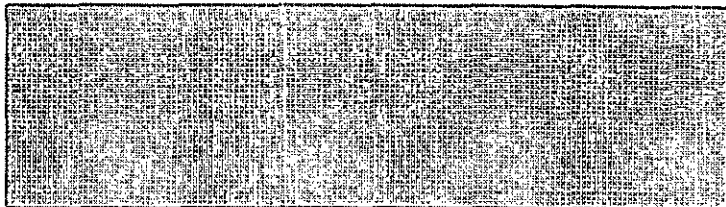
9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

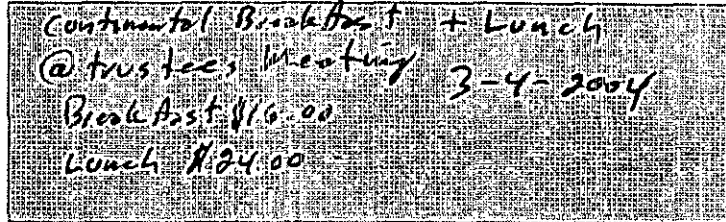
10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

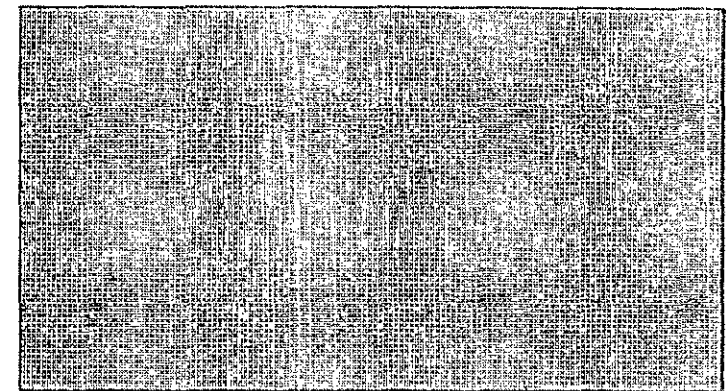
12.b. Amount. \$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local 16 Hill ParkTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 730 Broadway 16th FlCity New YorkState New York ZIP Code + 4 10007-9571

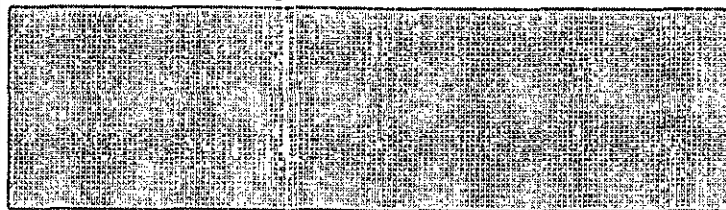
9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Continental Breakfast + Lunch
 @ trustee meeting 5/19/2004
 Breakfast - \$16.00
 Lunch \$4.00

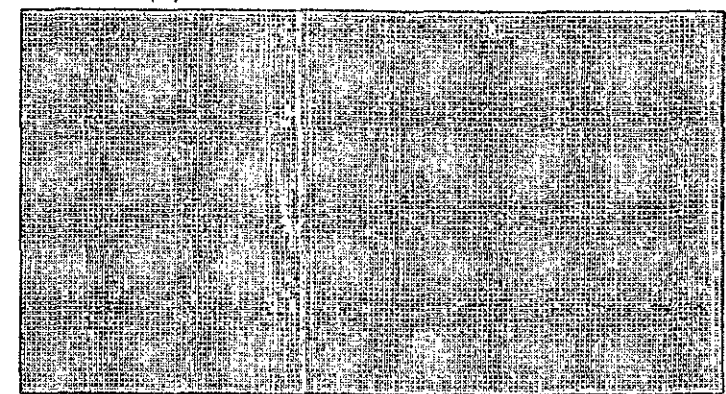
12.b. Amount. \$20.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

James P O'Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Ashcroft Workers Local 6 RLU FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 770 Broadway 10th FlrCity New YorkState New York ZIP Code + 4 10003-9511

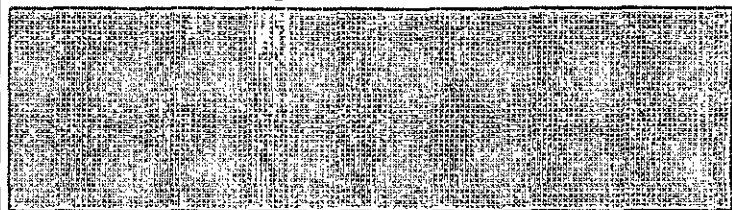
9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Continental Breakfast + Lunch
@ Trustee Meeting 10-20-2004
Breakfast - \$16.00
Lunch - \$24.00

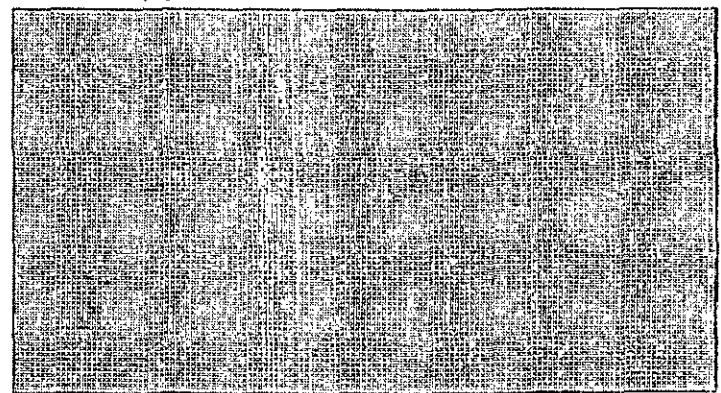
12.b. Amount. \$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

James P O'Day
signature

08-12-2005
date